

Child Mortality

Publicly funded services to address Child Mortality are described in Immunization Program CHILD Profile, Early and Periodic Screening, Diagnosis and Treatment, Care Coordination Services, Mental Health Services, and School-Based Health Centers. In addition, the DOH Injury Program addresses unintentional and intentional injuries.

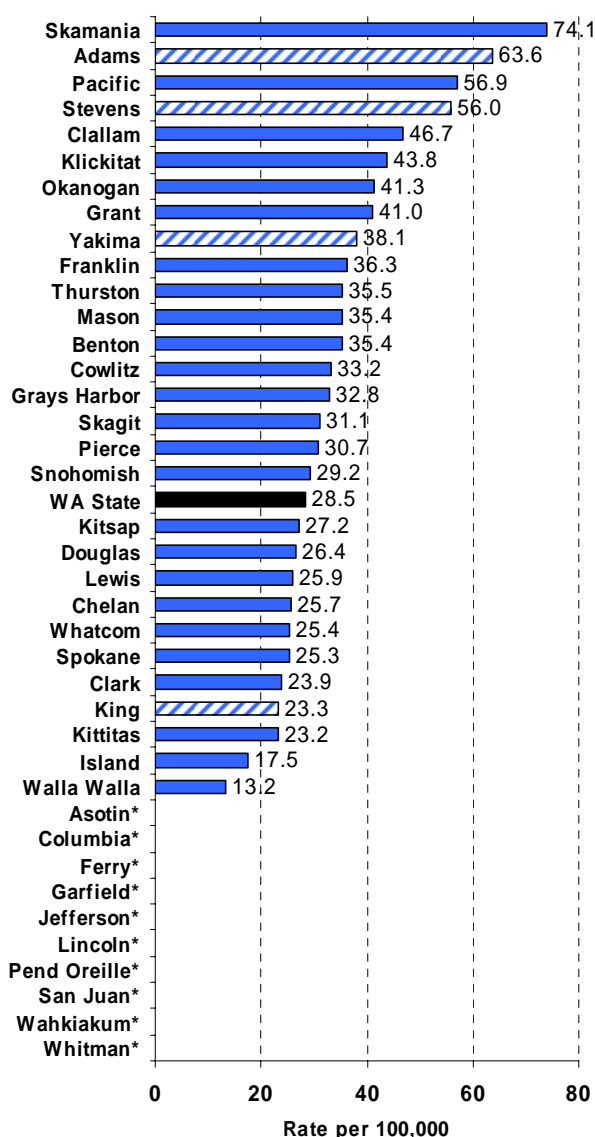
Key Findings:

- There were 454 deaths to children ages 1-19 in Washington State in 2003. Unintentional injuries accounted for 41% of the deaths, followed by suicide and homicide (18%), malignant neoplasms (11%), and congenital malformations (5%).^{1,2}
- Child death rates in Washington have decreased significantly over time: from 56.8 per 100,000 children ages 1-19 in 1980 to 28.1 per 100,000 in 2003. This mirrors a national trend.¹
- Death rates and causes differ substantially by the child's age. The highest death rates for Washington state children are in children ages 15-19 and children ages 1-4. Unintentional injuries are the leading cause of death for all Washington children ages 1-19, followed by malignant neoplasms for children ages 1-14, and suicides for children ages 10-19.^{1,4}
- Child death rates are higher for male children, and children who are American Indian/Alaska Native or Black. Small town/rural areas have higher child mortality rates than other areas in the state.¹
- The Healthy People 2010 goals for child mortality are no more than 18.6 deaths per 100,000 for ages 1-4, ≤ 12.3 for ages 5-9, ≤ 16.8 for children ages 10-14, and ≤ 39.8 for ages 15-19. Washington has only met the HP 2010 child mortality goal for 10-14 year olds.⁵

Definition: Child mortality is the death of a child ages 1 through 19. This age range is chosen because it is the same as the national performance measure from the Maternal and Child Health Bureau.

County^{1,a*}

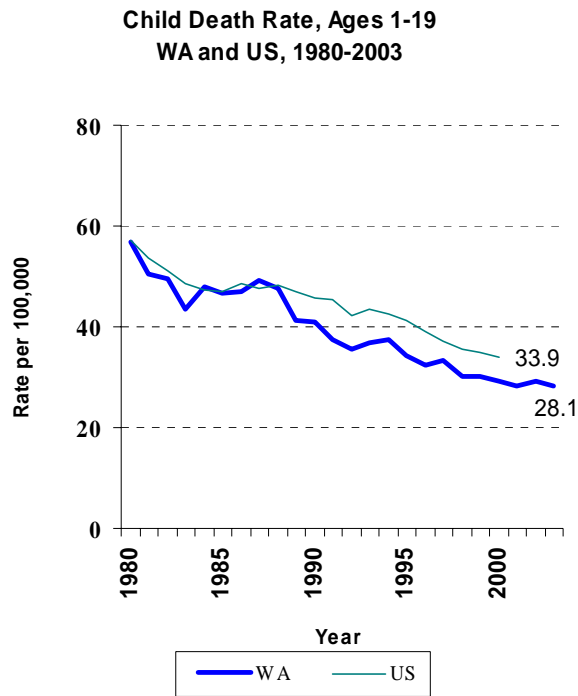
**Child Death Rate, Ages 1-19
By County
WA, 2001-2003**



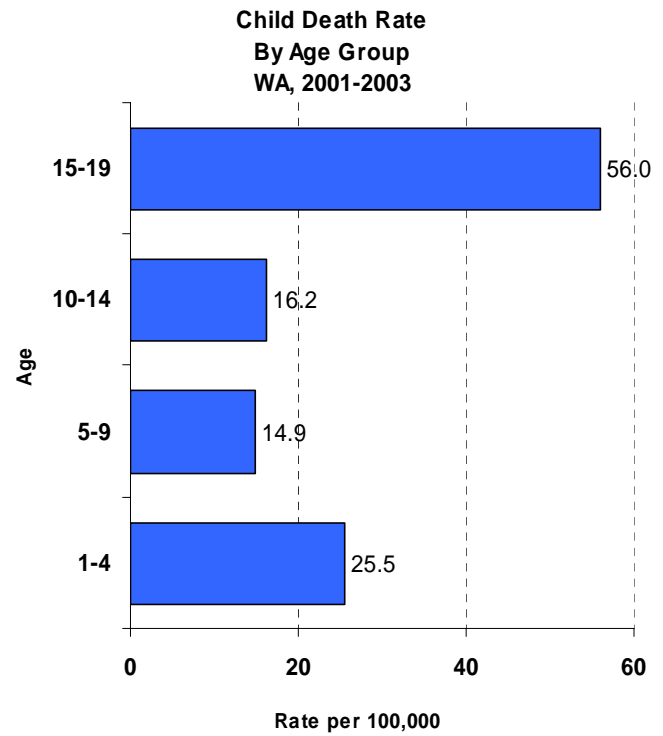
* County rate not calculated if fewer than 5 events

Significantly different from state based on 95% confidence intervals

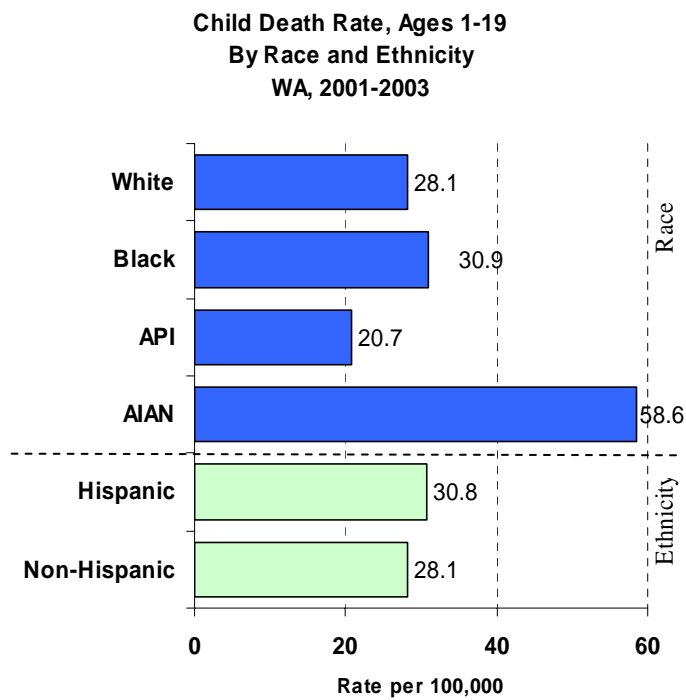
Time Trend^{1,6}



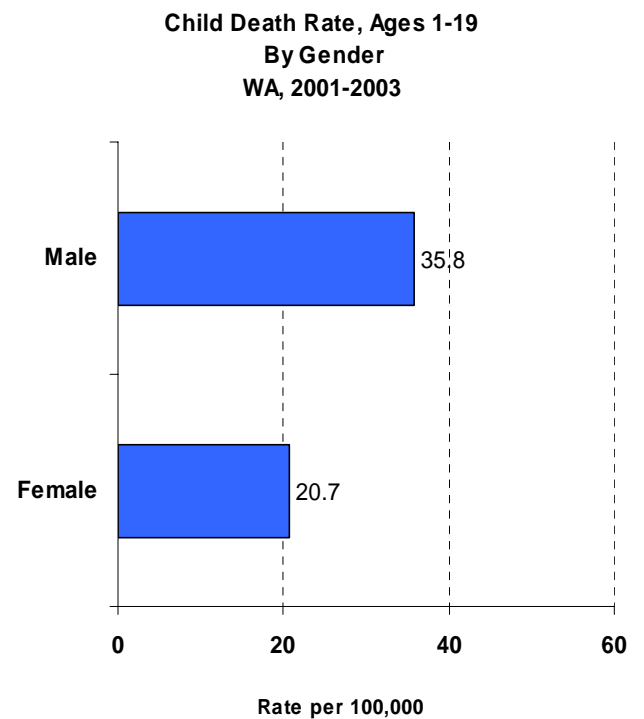
Age¹



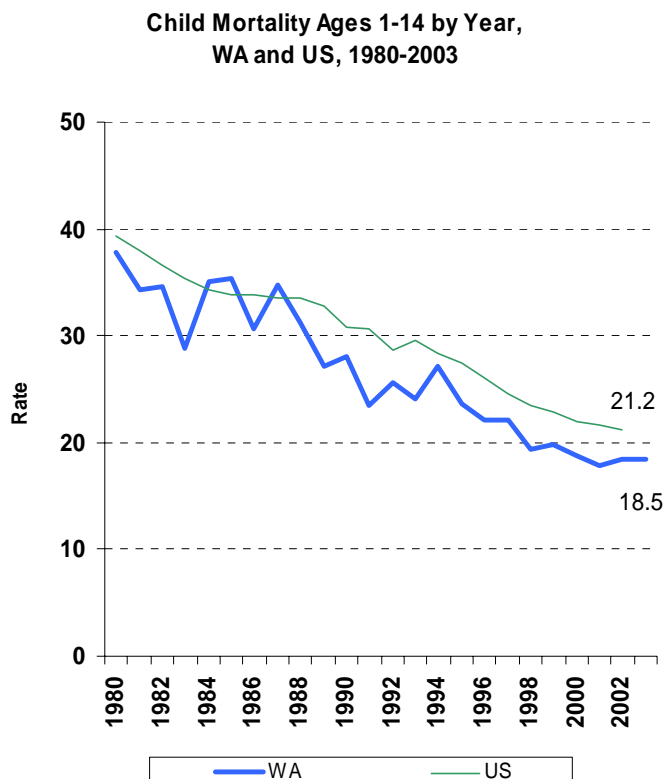
Race and Ethnicity^{1,b,c}



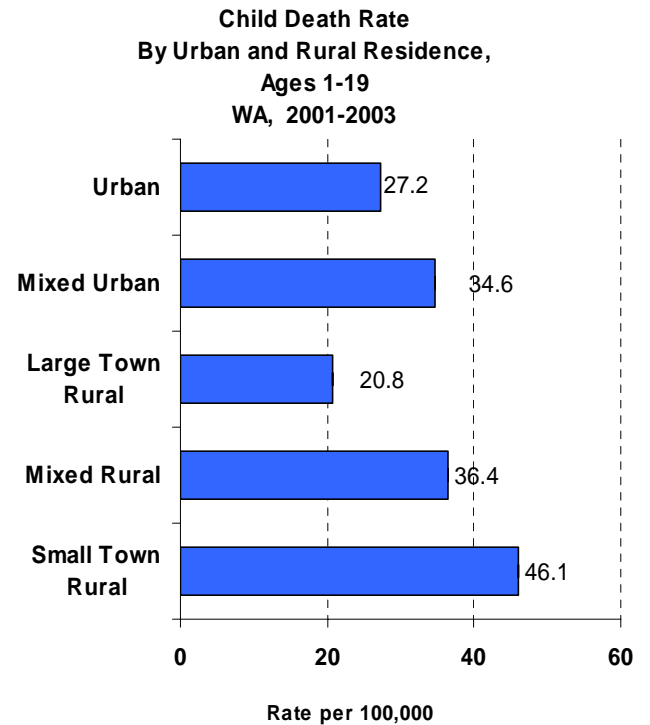
Gender¹



Block Grant Outcome Measure:
Child death rate per 100,000 children
ages 1-14 years^{1,6}



Rural and Urban Residence^{7,d}



Leading Causes of Child Mortality, 2000-2002
By Age Group⁴

Rank	1 - 4	5 - 9	10 - 14	15 - 19
1st	Unintentional Injury	Unintentional Injury	Unintentional Injury	Unintentional Injury
2nd	Malignant Neoplasms	Malignant Neoplasms	Malignant Neoplasms	Suicide
3rd	Congenital Anomalies	Congenital Anomalies	Suicide	Homicide

Data Sources

1. Washington State death certificate data: Vital Statistics 2003, Washington State Department of Health, Center for Health Statistics, March 2005.
2. Analysis Software: Public Health – Seattle & King County, Epidemiology, Planning & Evaluation, Software for Public Health Assessment (Vista PHw), 1991-.
3. Injury Prevention and Safety Program, Washington State Department of Health: <http://www.doh.wa.gov/cfh/injury/>
4. National Center for Health Statistics (NCHS), National Vital Statistics System, Centers for Disease Control and Prevention, WISQARS, “10 Leading Causes of Death, United States”. May 2005
5. Department of Health and Human Services (US). Healthy People 2010: Understanding and Improving health. 2nd edition. Washington, DC: US Government Printing Office; November 2000.
6. CDC Wonder, Child death rate per 100,000 children aged 1-14 years
7. Washington State Department of Health, Office of Community and Rural Health, November 2005.

Endnotes

- a. Significance was determined based on 95% Confidence Intervals
- b. AIAN – American Indian/Alaska Native
- c. API – Asian Pacific Islander
- d. Rural urban differences are based on county level RUCA codes calculated using 2000 census data (see Technical Notes for description of RUCA codes)